

V19493  
SILK

JAMES

ERNES

0	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37
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NAME SILK  
(Surname)

James Ernest

V19493

P.L.B.



# OCCUPATIONAL HISTORY FORM

1 11077  
AUG 20 1941  
113 10, 760  
NATIONAL DEFENSE  
3

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

## Section A—GENERAL INFORMATION

1. (a) Print name in full SILK JAMES FURVEST (b) Reg'l. No. V19493  
2. (a) Arm of service NAVY (b) Unit RCNVR (c) Rank SEAMAN  
3. (a) Date of birth 2 APR 1903 (b) Have you any dependents? YES (c) Place of residence at time of enlistment 133 BRIDGE  
4. (a) Place of enlistment WINNIPESIA ONTARIO (b) Date of enlistment 13 AUG 1941

PLEASE LEAVE BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 YEARS (b) Were you attending school or college up to the time of enlistment? NO  
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 1 YEAR High School  
7. If you attended a university, give name of university and standing or degree secured —  
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —  
9. (a) What languages do you speak fluently? ENGLISH (b) What languages do you read well? ENGLISH

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) WORKING  
(b) At time of enlistment of what trade union or professional society were you a member? NONE

## Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school? —  
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked — (b) State how long you had worked at this trade or occupation —  
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified —  
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment —  
15. Give details of last employer, if any: Name — Address —  
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) —  
17. (a) If your last employment was in a business of your own, state nature and address of business — (b) Date of discontinuing it —

## Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer FORD MOTOR COMPANY Address WINNIPESIA  
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) AUTOMOBILE INDUSTRY  
20. (a) Your specific occupation FURNACE OPERATOR (b) Number of years' experience at this occupation with any employer 15 YEARS  
21. (a) Did your employer promise definitely to give you employment on discharge? NO (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? NO

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice — (b) Where was it located? —  
23. (a) Number of years engaged in this business — (b) Have you made, or will you make plans to return to the same or a similar business on discharge? —

## Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? NO (b) Do you feel competent to operate a farm? NO (c) If so, in what kind of farming? —  
25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? NONE (c) In what provinces did you have experience? —

## Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? NO  
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) —  
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form DIESEL ENGINEERING

DATE 13 AUG 1941 1941 SIGNATURE James P. Silk





Any further communication on this subject should be addressed to:—

Mrs. Inez E. Silk,  
3606 Milford St.,  
Windsor, Ont.

*Please note  
Change of address  
to 442 Josephine Ave  
Windsor Ont.  
H.P.W.*

THE DIRECTOR OF ESTATES,  
DEPARTMENT OF NATIONAL DEFENCE,  
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. V-19493 FD.699

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

February 1, 1945

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

SILK, James Ernest, Ldg. Smn.

No. V.19493, R.C.N.V.R.



it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

Director of Estates.

## ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	Inez Edna Silk	23	442 Josephine Ave. Windsor
2	Children of the Deceased and dates of their Births.....	Gloria Jean Silk Born - Aug - 7 - 1940	4	442 Josephine Ave Windsor Ont -
		Isabel Nancy Silk Born Feb - 9 - 1943	2	442 Josephine Ave Windsor Ont -
3	Father of the Deceased.....	Herbert Henry Silk	64	Mid 116-42
4	Mother of the Deceased.....	Rosina Silk	65	895 Felix Ave Windsor Ont -
5	Brothers of the Deceased	Herbert H Silk Jr.	42	1051 Prince Rd
		Stanley H. Silk	38	1390 Francois Rd
6	Sisters of the Deceased	Frederick W Silk	40	3886 Gladale Ave
		Charles A Silk	35	Howard Ave - All Windsor Ont -
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	



ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	James Ernest Silk
9	Date of his birth.	April 10th. 1920
10	Place and date of his marriage.	Windsor Ont. - September 14 - 1939
11	Place and date of his parents' marriage.	London England May 27 - 1900.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Windsor Ont.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Windsor Ont. (b) Windsor Ont. (c) all his life. (d)
14	Nature of employment before enlistment.	Trunking Hardware Material Co.
15	State whether he owned the premises in which he lived, and, if so, where situated.	No
16	Name place where deceased stated he intended to make his permanent home.	Windsor Ont.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	No
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No
20	Amount of War Savings Certificates held by deceased. Indicate where located.	None I know of.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	" " " "
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Peridental Ins. \$1000. wife.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	none
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No -

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

Remarks  
Character  
Efficiency  
Day  
Month  
Year  
Non-Sub. Rating  
Day  
Month  
Year  
Day  
Month  
Year



DECLARATION

\*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

*widow* of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

*Mrs Inez E. Silk* Signature of Informant  
*442 Josephine Ave Windsor Ont.* Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief *Mrs Inez E.*

\*See above. *Silk* { Name of Informant } is the\* *Widow* of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at *Windsor* this *Seventh* day of *February* 19*45*

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

*H. Palmer Westgate* Qualification *Priest of Ch. of Eng in Canada, Rector of St. John's Church, Sandwich, Windsor, Ont*  
Address *3288 Sandwich St. W., Windsor, Ontario*

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

OTHER PARTICULARS





CANADA

1 11975 N. V. 5  
50M-1-41 (8973)  
N.S. 815-11-5

DEPT. NATIONAL DEFENCE

AUG 20 1941  
112 61760  
CANADA

# ATTESTATION FORM (HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME SILK OFFICIAL NO. V19493  
CHRISTIAN NAMES James Ernest MARRIED, SINGLE OR WIDOWER Married

PERMANENT ADDRESS 932 Bridge Avenue, Windsor, Ontario RELIGION Anglican

DATE OF BIRTH	PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
10th April, 1920	Town <u>Windsor</u> County <u>Essex</u> Province <u>Ontario</u>	<u>Inez Edna Silk--wife--</u> <u>(same address)</u>
*Original Nationality of: Father <u>English</u> Mother <u>English</u>		

\*If not the son of natural born British parents, particulars to be given at foot of next page

## (A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet <u>6</u>	Inflated <u>41</u>	<u>Blonde</u>	<u>Blue</u>	<u>Fair</u>	<u>Scar on right heel.</u>
Inches <u>1</u>	Deflated <u>38</u>				
	Mean <u>39½</u>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<u>Completed one year High School</u>	<u>Furnace Operator--Ford Motor Co., Windsor, Ontario.</u>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
<u>Divisional Strength</u> <u>13th August, 1941</u>	<u>Ordinary Seaman</u>	<u>Windsor, Ontario.</u>

## (B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
- (3) That \* (a) I have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force.

\* ~~(b) I have never served~~ for the period ~~from~~ and attach my record of service, in corroboration of this statement.

\*Cross out Clause not applicable.

SERVED IN	RANK	FROM	PERSONNEL RECORDS
			1. Noted in Records. <u>AS</u>
			2. Index Card. <u>AS</u>
			3. Non-Sub. Card. <u>AS</u>
			4. Statistical Card. <u>AS</u>
			5. Roneo Strip. <u>AS</u>
			6. Pension Card. <u>AS</u>
			7. <u>AS</u>
			8. <u>AS</u>

(c) I have never been rejected for or discharged from His Majesty's Forces on account of unfitness.

(4) That the particulars contained above are correct and true according to the best of my knowledge and belief.



(5) On being enrolled as a member of the WINDSOR Division of the Royal Canadian Naval Volunteer Reserve, I undertake to bind myself:—

(a) To serve from the date thereof for the duration of hostilities, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

(b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required.

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Divisional Commanding Officer or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

(d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

Dated this 13th day of August, 1941

Signature of applicant James Ernest Silk

(C) **CERTIFICATE OF ATTESTING OFFICER**

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 13th day of August, 1941

[Signature]  
Signature of and rank of Attesting Officer.

(D) **OATH OF ALLEGIANCE**

I, James Ernest SILK do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty, His heirs and successors according to law.

Signature of Applicant James Ernest Silk

Witness [Signature]

Date 13th August, 1941 Rank Lieut V.P.

The Oath of Allegiance may be administered by a Commissioned Officer of the Naval Service.

(E) **CERTIFICATE OF ATTESTING OFFICER**

James Ernest SILK having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the WINDSOR Division of the R.C.N.V.R. or in the appropriate official documents.

[Signature]  
Attesting Officer.

13th August 1941 R.C.N.V.R. Division  
(or other establishment) Windsor, Ontario.

NOTE.—This form when completed and when the particulars on it have been noted in the Divisional Commanding Officer's Record Book, is to be forwarded to Headquarters, Ottawa, for custody.

The Certificate of medical examination, B-207, and certificates of previous service are to be sent to Headquarters, Ottawa, with this form.

Certificates of previous service will be returned after they have been examined at Headquarters, Ottawa.



X-RAY NO. 1449



Can. B. 207  
 DEPT. NATIONAL DEF. 100 M-11-40 (7881)  
 N.S. 815-2-207  
 1 11976  
 AUG 20 1941  
 N.S. 113 1760  
 CANADA

# Certificate of Medical Examination of Officers, Men and Boys

## NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

NOTE—This Certificate is to be completed by the Examining Medical Officer and forwarded to the Naval Secretary, Department of National Defence, Ottawa.

I, the undersigned, have examined..... SILK, James Ernest.....  
 † candidate for entry as..... Ordinary Seaman.....  
 and I believe him to be \* (in all respects fit for His Majesty's Service.  
 (unfit for His Majesty's Service for the reason stated below.) } He has signed  
 the Certificate given below in my presence.  
 † Strike out if inapplicable. \* Delete one.

This examination has been made in accordance with the current Instructions as to Medical Standards.

Age Years Months	Weight without Clothes	Height with Bare Feet	General Development	Chest Girth	Vision by— (i) Snellen's Types (ii) Colour Vision	Vaccinated or re- vaccinated for Small Pox (Date)	Lungs, Heart, etc.	Abdomen, Hernia, etc.	Limbs and Joints	Skin	Ears and Hearing	Testes, Varicocele, etc.	Mouth, Teeth (No. deficient and No. missing), Tongue, Nose, Throat, etc.	Anus, Hemorrhoids, etc.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)
21 1/2 y.	175	6-1	good	inches (a) maximum 41 (b) minimum 38 (c) mean 39 1/2	right eye 6/6 left eye 6/6 *colour vision ↓	15 years.	lungs & heart normal.	Normal	Normal	Fairly clear.	Drum or bearing Normal	Normal	Nose: Throat n. 2 teeth missing, many fillings.	External hemorrhoids

\* If colour vision is not normal by Ishihara test degree of colour blindness to be indicated.

*Incomplete Red-Green Blindness.*

X-ray { Not taken.  
Approved.  
Positive.  
Doubtful.

Negative -- Approved.

Write in the appropriate notation, and any remarks necessary.

### CERTIFICATE TO BE SIGNED BY CANDIDATE

I hereby certify that to the best of my belief I have never suffered from Fits, † Incontinence of Urine, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. † I am willing to undergo, after entry, such dental treatment, vaccination, or inoculations as may be authorized.

*James E Silk*  
Signature of Candidate

† The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.  
 † Strike out if inapplicable.

When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of Incomplete R. G. Blindness

\* External Hemorrhoids  
 (which renders him medically unfit for service,  
 not considered of sufficient importance to cause his rejection, he being desirable in other respects.  
 \* Delete one.

IF REJECTED  
 insert here  
 UNFIT  
 in block letters



Dated at Windsor, Ontario the 12th of August 1941

*A. C. Trotter M.D. F.R.C.S.*  
Examining Medical Officer  
(Rank) *Surg. Lieut. R.C.N.V.R.*







V19493

OFFICIAL NUMBER

FILE NUMBER

113-S-1760

OFFICIAL NUMBER

V19493

NAME SILK (Surname) James Ernest (Given Names) DATE OF BIRTH 10th April, 1920

PLACE OF BIRTH Windsor, Ont. OCCUPATION Furnace operator

RELIGION Anglican EDUCATION Completed one year High School

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 932 Bridge Avenue Town Windsor Province, etc. Ont.

Date (in figures)			Period	DESCRIPTION					PREVIOUS SERVICE		
Day	Month	Year		Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates
										From	To
13	8	41	H.O.	6' 1	Blonde	Blue	Fair	Scar on right heel			

NEXT OF KIN RELATIONSHIP (in pencil)

ADDRESS (in pencil): Street and No.

NAME (in pencil)

Town

Province, etc.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

EXAMINATIONS, CERTIFICATES, ETC.

Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	
				6	2	42	Passed P.P.T. (Fair)				
				4	4	42	Marked Tr.				
				21	6	43	Passed Prof. for Ldg. Snn. (Under F.D. 42168)				

BADGES, G.C. OR G.S.

BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES

Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
Day	Month	Year					Day	Month	Year		

**FILM**  
NO. NSR 5458-5  
**DATE**

Date (in figures)			DAYS FORFEITED					In diff. Char.
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	

O.H.F. Received

SECOND CLASS FOR CONDUCT

From

To





# CERTIFICATE of the SERVICE of

*James Ernest Sikh*  
I.C. No. 34380  
in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number <i>V-19493</i>
<i>Halifax, N.S.</i>	<i>Windsor</i>	"
		"

Date of Birth <i>10th, April 1920</i>	Name and Address of Nearest Relative or Friend (in pencil) <i>20-11-43</i>
Place of Birth <i>Windsor, Essex, Ontario</i>	<i>Ing. Capt. Sikh</i>
Place of Residence <i>623 Wellington Ave, Windsor, Ont. wife</i>	<i>3476 Mulford Court, Windsor, Ont.</i>
Trade brought up to <i>Furnace Operator</i>	
Religion <i>Anglican</i>	
Can Swim:—P.P.T. Date <i>(Fair) 6 February 1942</i> Signature <i>[Signature]</i> Rank <i>5/4</i>	
P.S.T. Date _____ 19____ Signature _____ Rank _____	

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
<i>8th day 1941</i>	<i>13th day 1941</i>	<i>Hostilities</i>	<i>Ordinary Seaman</i>			

PERSONAL DESCRIPTION								
On Entry	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
	<i>6</i>	<i>1</i>	<i>39 1/2</i>	<i>175</i>	<i>Black</i>	<i>Blue</i>	<i>Fair</i>	<i>Scar on right heel</i>
On re-enrolment—6 years' Service								
On re-enrolment—12 years' Service								
Further Description if necessary								

TRANSFER BETWEEN DIVISIONS			TRANSFER—LISTS A AND B		
From	To	Date	List	Date	Authority



















MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Sept. 45 "SKEENA"

(1) MEDALS  
PERSON

ENTITLED TO Mrs. Ines E. ~~Silk~~ - Widow  
Trueman (Re-married)  
 ADDRESS: ~~3606 Mulford Court,~~ 2340 Elsmere Ave.,  
 Windsor, Ont.

(2) MEMORIAL CROSS

WIDOW Mrs. Inez Edna Silk  
 ADDRESS: 442 Josephine Ave.,  
 Windsor, Ont.

(3) MEMORIAL CROSS

MOTHER Mrs. Rose Silk  
 ADDRESS: 895 Felin Ave., Windsor, Ont.

REGISTRATION No. DATE OF DESPATCH

**MEMORIAL BAR**

DATE DESP (1) .....

REGN. NO. 658 .....

(2) 20-12-44

(3) 20-12-44











VERIFICATION FORM  
 AIR FORCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.  
 GENERAL SERVICE MEDAL (1915).

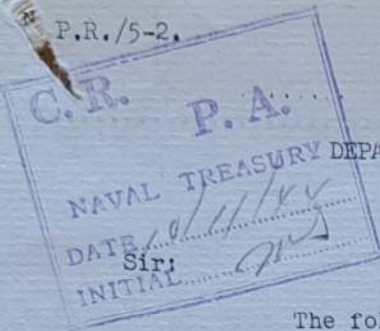
NAME *A. LDG. SMITH* OFF. NO. *V-19493* ADDRESS .....

FROM	TO	QUALIFYING PERIODS IN DAYS					STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
		1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL			
							1939-45	1	<i>Star</i>
							ATLANTIC	1	<i>&amp; Clasp</i>
							FRANCE G.	2	
							AFRICA		
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	<i>&amp; Clasp</i>
							" CLASP		
							WAR 1945	1	<i>Medal</i>
							WAR 1915		

*late*

VERIFIED BY *Logan* .....





333

53

... 9th November, 1944 .....  
(Date)

The following casualty has been reported -

<u>NAME</u>	<u>RANK or RATING</u>	<u>NAVAL NO.</u>
SILK, James Ernest	Leading Seaman	V-19493, R.C.N.V.R.

DATE OF ENLISTMENT - 13th Aug./41      Active Service: 1st Dec./41

DATE OF DISCHARGE - 25th October, 1944

HOSPITAL -  
(If discharged in hospital under jurisdiction of D.P. & .N.H.)

SERVICE - Canada & High Seas  
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and - "DEAD". Drowned on October 25th, 1944 due to  
when and where any disability severe weather conditions. His body was re-  
was incurred, or where death covered and identified near Reykjavik Harbour,  
occurred. Iceland.

(Show clearly whether death or disability due to enemy action, accident or disease, and whether it occurred in Canada, or on the high seas or elsewhere outside Canada.)

NEXT OF KIN & RELATIONSHIP -  
RELATIONSHIP - WIFE: NAME - Mrs. Inez Edna Silk,  
ADDRESS - 3606 Mulford Court, WINDSOR, Ont.

NOTE: If records indicate that rating was separated from his wife, legally or otherwise, details to be furnished and copy of any Court Order, the Separation Agreement, etc., to be furnished.

FORM "A" RESPECTING THE ABOVE NAMED HAS BEEN PREVIOUSLY FORWARDED. PLEASE SEE REVERSE SIDE FOR DETAILS OF MARRIAGE ALLOWANCE, DEPENDENTS ALLOWANCE, etc.

P.A. CHECKED IN  
C.R. BY



REMARKS:.....

THIS PORTION OF FORM COMPLETED BY CHIEF TREASURY OFFICER, DEPARTMENT OF NATIONAL DEFENCE, NAVAL SERVICE.

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
Mrs Inez Edna Silk,	Wife.		
Gloria Jean.	Daughter.		14-8-40
Isobel Nancy,	Daughter.		9-2-43

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
Monthly rate:	63.12	41.00	104.12

To Whom Paid: Mrs Inez Edna Silk, Address 3606 Mulford Court, Windsor, Ont.

Date of Enlistment: See other side.

Date of Discharge: See other side.

Inclusive date to which D.A. and/or A.P. was Paid: 31st October, 1944.

The final deduction of Assigned Pay for 41.00 has been made for the period from 1st to 31st of October, 1944

Remarks:

Computed by L. Kendura

Checked by Hie

Alec L. Boswell

for Chief Treasury Officer, DEPARTMENT OF NATIONAL DEFENCE, (Naval Service).

The Secretary, The Canadian Pension Commission, Room 228, Daly Building, OTTAWA, Ontario.



Every item of information should be carefully supplied. (See reverse side for instructions)

FORM 6

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use \$300," and properly addressed will pass through the mail "FREE"

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH: County or District of AT SEA, Township of ...
2. LENGTH OF STAY: (a) In City, Town or Township where death occurred ... (b) In Province ... (c) In Canada (if immigrant) ...
3. PRINT FULL NAME OF DECEASED: SILK, James Ernest
RESIDENCE No. 932, Street Bridge Avenue, City, Town, Village or Township Windsor, Province Ontario.

4. Sex Male, 5. Nationality English, 6. Racial Origin British, 7. Single, Married, Widowed or Divorced Married
8. BIRTHPLACE Ontario
9. DATE OF BIRTH April 10 1920
10. AGE in Years 24, Months 6, Days ...
11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. Furnace Operator
12. Kind of industry or business, as cotton-mill, lumbering, bank, etc. Ford Motor Co., Windsor, Ontario.

13. Date deceased last worked at this occupation ... 14. Total years spent in this occupation ...
15. If married give name of wife or husband of deceased ...
16. NAME ...
17. BIRTHPLACE ...
18. MAIDEN NAME ...
19. BIRTHPLACE ...

20. Person giving information sign here: [Signature]
Address: Naval Service Headquarters, Ottawa, Ont.
Relationship to deceased: Director of Personnel Records.

21. Place of Burial, Cremation or Removal: Fossveogu Cemetery, Reykjavik, Iceland. 28 Oct/44
Date of burial or removal ...

22. Burial Permit was issued by ...
Address ...

23. UNDERTAKER (Name and address)

MEDICAL CERTIFICATE OF DEATH
24. DATE OF DEATH October 25 1944
25. I HEREBY CERTIFY that I attended deceased from: ... and last saw h. ... alive on ...

CAUSE OF DEATH
I. Immediate cause: Drowned due to severe weather conditions. Body recovered and identified near Reykjavik Harbour, Iceland.
II. Other morbid conditions (if important) contributing to death but not causally related to immediate cause.

PHYSICIAN
Underline the cause to which death should be charged statistically

26. If a communicable disease is mentioned on this certificate, give (a) Date of appearance ... (b) Duration of disease ...

27. If a woman, was the death associated with pregnancy? ...
28. Was there a surgical operation? ... Date of operation ... Was there an autopsy? ...

29. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? ... Date of injury ...
Manner of injury ... (How sustained)
Nature of injury ...
Specify whether injury occurred in industry, in home, or in public place.

Signed by ... M.D.
Address ... Date ... 19 ...

30. Division Registrar's Record No. ...
31. Filed ... 19 ... (Division Registrar)

59

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD



LA/C

REGISTERED

AIR MAIL

FILE NO.: N.S. V-19493 PERS.(N)

31 October, 1944.

42

Dear Mrs. Silk:

It is with deepest regret that I must confirm the telegram of the 30th of October, 1944, from the Minister of National Defence for Naval Services, informing you that your husband, James Ernest Silk, Leading Seaman, Official Number V-19493, Royal Canadian Naval Volunteer Reserve, has died due to drowning.

According to the report received from overseas, your husband's death occurred on the 25th of October, 1944, due to heavy weather. His body was recovered and identified near Reykjavik Harbour, Iceland.

Leading Seaman Silk's burial took place on the 28th of October at Fossveogu Cemetery, Reykjavik, Iceland, with full naval honours.

It is requested that, for security reasons, you regard the name and whereabouts of your husband's ship, in connection with his death, as confidential.

Please allow me to express sincere sympathy with you in your bereavement on behalf of the Minister of National Defence for Naval Services, the Chief of the Naval Staff, and the Officers and men of the Royal Canadian Navy, the high traditions of which your husband has helped to maintain.

Yours sincerely,

SECRETARY, NAVAL BOARD.

Despatched by  
Sec. N. B.

Date 2/11/44  
Time 1800

*Dr. Dad  
concur*

Mrs. Inez Edna Silk,  
3606 Mulford Court,  
Windsor, Ont.

*[Handwritten signatures and initials]*



TO:

N.C.R.

PLEASE MAKE OUT FALSE  
DOCKET AND FORWARD WITH  
ATTACHED LETTER TO ADMIN-  
ISTRATOR OF ESTATES.

National Defence  
Service

IN REPLY PLEASE QUOTE  
NO. N.S. V-19493 Pers.(N)

OTTAWA, Ont., 9th November, 1944.

2027476

Sir:

In accordance with Naval Order  
No. 839, it is notified for your  
information that the following casualty  
in the Naval Forces of Canada has been  
reported:



<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE &amp; CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
SILK, James Ernest Leading Seaman, V-19493, R.C.N.V.R.	Drowned on Oct. 25/44 due to severe weather conditions. His body was recovered and identified near Reykjavik Harbour, Iceland.	WIFE: Mrs. Inez Edna Silk, 3606 Mulford Court, WINDSOR, Ont.

<u>In Favor Of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
Mrs Inez Edna Silk, 3606 Mulford Court, Windsor, Ont.	Wife.	D.A. 63.12 A.P. <u>41.00</u>	:LV
		104.12	

WILL: No Record.

Yours truly,

*H. H. Money*

for  
SECRETARY, NAVAL BOARD.

Administrator of Estates,  
Estates Branch,  
Department of National Defence,  
O T T A W A.



DISTRIBUTION OF SERVICE ESTATES  
NAVY

IM

Estates Form "P. 4"

Name: SILK Surname James B. Christian Names No.: V. 19193

I/S. Rank R.C.N.V.R. O/S. Unit Date of Death 25-10-44

AMOUNT

Date: 25-7-45  
L.P.C. .... \$ 161.33  
Other Credits .....  
Total ..... 161.33

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	<p>Mrs. Inez E. Silk, 442 Josephine Ave., WINDSOR, Ontario.</p> <p align="center">(as next of kin entitled)</p>	161.33

P4. TO TREAS. 12-9-45, Q.M.

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	<u>831</u> <u>sk</u>	00	50	000	161.33
CLASSIFIED BY <u>[Signature]</u>			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

[Signature]  
(L. M. FIRTH) Colonel  
Director of Estates

AUDITED FOR PAYMENT

.....  
For Chief Treasury Officer



REPORT of the Death of an Officer, Man or Boy

H.M.S. ~~xxxxxx~~

at War Station

Date 26th October, 1944

Name (Christian Names in full) ..

S I L K James Ernest

Rank or Rating .. ..

Leading Seaman

Port Division and Official No. (if unknown, date of first entry) ..

H.M.C.S. "Hunter" V19493 R.C.N.V.R

Date of Death .. ..

25th October, 1944

Place of Death .. ..

Reykjavik, Iceland

Cause of Death

(If due to accident or violence, particulars to be stated briefly.)

Exposure

Whether reported to Registrar General of Births, Deaths, etc., on Form S.—544 (see Note 2) ..

Nearest known Relative or Friend :—

Name and Relationship ..

Wife- Mrs. Inez Silk  
3606 Mulford Court  
Windsor Ont.

Address ..

*Noted  
D. N. P. O.  
27. 4. 45*

[P.T.O.]



March 2-45:

Dear Sir:

I had ~~received~~ my husband's wallet. I want to thank you.

Could you kindly tell me if there is still a chance that I might receive his wrist watch, 2 enlarged pictures, one of myself & one of our little girl, his service bar. If you could tell me anything at all about these things I'd be grateful.

Yours Sincerely,  
Mrs James Silk





# SEAMAN BRANCH

## Application for, and report of result of, PROFESSIONAL EXAMINATION

for the rating of LEADING SEAMAN

### I.—APPLICATION FOR EXAMINATION

H.M.C.S. "SKEENA"

Name of Candidate (in full) James Ernest SILK

Present Rating Able Seaman O.N. V.19493

Port Division Halifax, N. S.

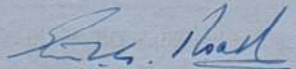
Date of Application for Examination 21st June, 1943.

Date and Particulars of Previous Failures:—

**--NIL--**

- (i) The Candidate has served the requisite period of time, he is fully eligible for examination, and has the necessary recommendations required by the Regulations.
- (ii) He has carried out the duties of helmsman satisfactorily, **and is proficient at heaving the lead.**
- (iii) I am satisfied that he possesses the necessary qualities which with further experience will fit him to make an efficient Petty Officer/Leading Seaman, and I consider that he has a reasonable chance of passing.

To The President, Examination Board

  
A/Lieut. Cdr. (N) R.C.N.

Captain

#### NOTES—

(a) This application is to be submitted (in duplicate) to the Administrative Authority, together with the Service Certificate, history sheet and Form S. 264 written up specially for the examination and signed by the Commanding Officer.

(b) On completion of the examination, Form S. 441, in duplicate, is to be forwarded to the candidate's ship, the Commanding Officer of which is to insert the basic date of passing the examination. One copy of the Form is then to be forwarded to the Administrative Authority, the other being forwarded to the Depot. In the case of failure, one copy is to be forwarded to the Administrative Authority, the other being retained with the candidate's papers for future reference. Failures are to be noted on Form S. 264 (Divisional Record Sheet).



II.—RESULT OF EXAMINATION

SECTION I

*Handwritten mark*

SECTION II

(AMENDED BY NAVAL ORDER 2559)

SUBJECT	MARKS		MARKS		MARKS OBTAINED	
	MAXIMUM MARKS	REQUIRED TO PASS		ON RE- EXAMINATION		
		P.O.	L.SMN.	P.O.	L.SMN.	ON EXAMINATION
RIGGINGS .....	50	50	25	25	40	
ANCHOR WORK .....	60	60	30	30	54	
BOAT WORK .....	80	80	40	40	70	
GENERAL DUTIES .....	80	80	40	40	48	
ORGANIZATION .....	40	20	20	10	12	
SIGNALS .....	30	30	15	15	28	
WATERTIGHT FITTINGS	20	20	10	10	15	
DUTIES IN PART OF SHIP AND MESS		80		10	12	

REMARKS—

The Candidate has:—

- (i) Passed a ~~V.G./Good/Fair~~ Examination. **77%**  
(V.G.—85% and above, Good—70% to 85%, Fair—below 70%)
- (ii) Failed as indicated above.

He is recommended for re-examination by his own Ship's Officers in the subjects indicated above in accordance with K.R. Appendix XII, Part 22A, Clause 8 (b).

Date 22<sup>nd</sup> July 1943

*Wingfield*  
President of Board of St. Catharines R.C.N.V.R.

Candidate's Signature (in full) James Ernest Silk

Basic date of passing professionally for Leading Seaman  
(K.R. and A.I. Appendix XII, Part 22A, Clauses 7 and 8)

is 21 June, 1943

Re-examined by Ship's Officers in relevant subjects of Section II on board

H.M.C.S. "....." on ..... 194.....

Date .....

Forwarded, the necessary notation has been made on the Service Certificate.

The Commanding Officer,  
R.C.N. Barracks,

Captain

H.M.C.S. ....

Date .....



MEDICAL QUESTIONNAIRE.

NOTE: ALL QUESTIONS TO BE ANSWERED SIMPLY "yes" or "no".

1. Have you ever been discharged from the Navy, Army or Air Force.

...No.....

2. Have you ever had any or the following illness' or defect at any time?

- |                                |          |                             |          |
|--------------------------------|----------|-----------------------------|----------|
| a. Rheumatism, Rheumatic Fever | ..No...  | k. Nose trouble             | ..No.... |
| b. Tuberculosis or Pleurisy    | ..No...  | l. Ear trouble              | ..No.... |
| c. Bronchitis or Pneumonia     | ..No...  | m. Eye trouble              | ..No.... |
| d. Asthma or Hay Fever         | ..No...  | n. Gonorrhoea               | ..No.... |
| e. Kidney or Bladder trouble   | ..No...  | o. Syphilis                 | ..No.... |
| f. Bed wetting at night        | ..No.... | p. Broken or diseased bones | Yes....  |
| g. Heart trouble               | ..No.... | q. Rupture or hernia        | ..No.... |
| h. Indigestion or any kind     | ..No.... |                             |          |
| i. Stomach or Bowel trouble    | ..No.... | r. Flat or deformed feet    | ..No.... |
| j. Any operations              | ..No.... | s. Varicose veins           | ..No.... |

3. Have you ever had an illness of more than one weeks' duration?

..No.....

4. Have you ever been in Hospital or Sanatorium? ..No.....

5. Have you or anyone in your family ever had:

- |                 |            |                                |           |
|-----------------|------------|--------------------------------|-----------|
| a. Tuberculosis | ...No..... | c. Epilepsy                    | ...No.... |
| b. Diabetes     | ...No..... | d. Mental or nervous breakdown | ..No....  |

REMARKS BY EXAMINER.

2(p) Broken lower left leg 11 yrs ago. No trouble since.

*Alfred McDonald*  
Surgeon Lieutenant, R.C.N.V.R.

I certify that I have revealed my full medical history and not withheld any relevant information.

*James E Silk*  
.....  
Signature of Applicant.



V-19493

## CERTIFICATE OF PROGRESS OF BOYS AND ORDINARY SEAMEN

(To be used in conjunction with Form S. 399 Divisional Training Progress Book.)

NAME <u>SILK, James Ernest</u>	OFFICIAL No. V. 19493	Date of Birth 10th April, 1920.
-----------------------------------	--------------------------	------------------------------------

### ON LEAVING HARBOUR TRAINING SERVICE

Subject	Ability	REMARKS (percentages obtained, etc.)	Initials of Instructing Officer
*School.....			
Seamanship— Boat work:			
(a) Pulling.....		} 72%	JOM
(b) Sailing.....			
Gunnery and Disciplinary Training.....		78.7%	JOM
Shooting.....			
Swimming—P. P. T.....		Date qualified.....	
Physical and Recreational Training.....			
Culinary Course.....			
Special qualifications.....			
Call Boy.....			
Bugler (Sea Service).....			
Drummer.....			
Special Remarks			
.....			
.....			
.....			

On joining:— Weight..... Height..... Date.....

On leaving:— Weight..... Height..... Date.....

\* State in remarks column whether G.C.I., II or III, or Advanced Class, or V/S or W/T.

H.M.S. "Stadacona 1". Date April 3-42 JOM for Captain.



# PROGRESS UNDER TRAINING FOR ABLE SEAMAN

Educational Examinations	Date	Ship	Signature and Rank of Divisional Officer
Passed Educationally	Accelerated Advancement		
	For Able Seaman (if G.C. III)		
	Educational Test I		
Rated Ordinary Seaman			

SEAMANSHIP											
Subject	Hours	%	Subject	Hours	%	Subject	Hours	%	TOTAL	Date of Passing	Signature and Rank of Divisional Officer, and Ship
Boat Work			Field Training			Whitehead					
Anchors and Cables			Gun Drill			Low Power					
Compass and Wheel Rule of the Road			Stripping			High Power					
Rigging Sheers and Derricks			Fire Control			Instruments					
Sounding Machine, Lead and Line			Ammunition			Explosives					
Bends and Hitches, Blocks and Tackles			Director and Sighting			Paravanes					
Part of Ship Evolutions			Machine Gun								
Signals											
TOTAL			TOTAL			TOTAL					
Date of Passing			Date of Passing			Date of Passing					

\* In the event of failure to pass any examination, the percentage is to be noted in RED, and the word "FAILED" noted.  
 † The letters Q.R. III, L.R. III, C.R. III, A.A. 3, S.T., S.D., etc., are to be entered by the Divisional Officer in the case of men so recommended. If not recommended, the word "NO" is to be entered.

Ship	Total Period of Practical Experience as Ord. Seaman in part of Ship	Recommended for Advancement to Able Seaman on (Date)

Divisional Officer's Remarks

Recommendation for non-sub-rate†

Ordinary Seaman (Special Service).

Qualified for advancement to Able Seaman (S.S.)

on ..... Date.

Commodore. .... Date.

Depot ..... Date.

Rated Able Seaman and Recommendations inserted on History Sheet.

H.M.S. ....

Date

Captain.

J.D. Martin S/Lt V.A.

787

80

85

80

60



June 14, 1947.

Mrs. H. H. Silk,  
895 Felix Avenue,  
Windsor, Ontario.

Dear Mrs. Silk,

Mr. Claxton has asked me to acknowledge receipt of your letter of June 10th, in which you ask whether medals issuable in respect of your son, Leading Seaman James E. Silk, may be sent to you.

The Minister fully appreciates your desire to have the medals belonging to your gallant son but it would appear from our records that his wife, as next-of-kin, would receive them.

The Minister has instructed, however, that your letter be referred to the appropriate officers of the Department who will investigate the matter and write to you further as soon as possible.

Yours very truly,

(Miss) I. Dunn,  
Associate Private Secretary

C. N. P. Passed for further reply direct and may copy of letter be returned to this office for the completion of the Minister's file, please.

*H. L. Cameron*  
(H. L. Cameron) Colonel,  
Defence Secretary.

*D.P.K.*





72-71.  
Que. Windsor  
Del: Canada

To the Hon. R. D. Clapton  
June 10<sup>th</sup>

Dear Sir  
reading in tonight paper  
"Windsor Daily Star"  
I see where medals will  
be awarded to Canadian  
service men. Now Sir I  
ask you can I claim  
my Lion's Medal he was  
Leading Sergeant James  
E. Volk H.M.C.S.  
Spencer, which was  
wrecked near Iceland  
& he was one of the 15  
who lost their life on  
the 24-25 Oct 1944. He  
left a wife & two small  
girls. But the wife has



since remarried and  
is an irresponsible person  
who would not value  
those medals. I am a widow  
my husband Henry H Silk  
died through the  
1<sup>st</sup> world war's disabilities  
& I fear other sons &  
I would like to pass them  
on to them, when my  
time comes to leave  
this earth. Thanking you  
for a reply I remain  
Yours obediently  
Mrs H H Silk





DEPARTMENT OF NATIONAL DEFENCE  
NAVY                      ARMY                      AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

**Deceased Member's**  
NAME **James Ernest**  
(CHRISTIAN NAMES)  
Payee ADDRESS **Mrs. Inez Edna SILK**  
**442 Josephine Avenue**  
**Windsor, Ontario**

**SILK**  
(SURNAME)

REGISTER NO. **5320**  
FILE NO. **NS V1944**  
DATE **27 Feb 44**  
SERVICE NO. **V19493**  
FINAL RANK OR RATING **A/Ldg. S/W**  
DATE OF DISCHARGE **25 Oct 44**

DATE OF TERMINATION OF OVERSEAS SERVICE  
**25 Oct 44**

A. TOTAL QUALIFYING SERVICE  
NO. OF DAYS **1060** EQUAL TO **35** COMPLETE PERIODS AT \$7.50 **262.50**

B. QUALIFYING OVERSEAS SERVICE  
NO. OF DAYS **884** LESS **10** INELIGIBLE DAYS, EQUAL TO **874** DAYS @ 25c. PER DAY **218.50**  
SEE PAR. 2 OVERLEAF FOR EXPLANATION

**SUBTOTAL**

C. SUPPLEMENT FOR OVERSEAS SERVICE  
DAILY RATES AT DISCHARGE  
PAY \$ **2.10**  
SUSTENANCE OR LODGING AND PROVISION ALLOWANCE \$ **1.45**  
ADDITIONAL PAY **H.L.M.** \$ **.13**  
**R.D.F.2/e** \$ **.10**  
DEPENDENTS' ALLOWANCE 1/30 OF \$ **63.12** \$ **2.10**  
TOTAL \$ **5.88** X7 = \$ **41.16**  
NO. OF DAYS **874** X5 = **41.16** **196.50**  
183

D. WAR SERVICE GRATUITY **677.50**

E. DEDUCTIONS  
OVERPAYMENT OF PAY AND ALLOWANCES \$  
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$  
OTHER DEDUCTIONS \$ **N11**

F. AMOUNT PAYABLE **677.50**  
(THIS AMOUNT IS PAYABLE IN MONTHLY INSTALMENTS OF \$ EACH)

THE WAR SERVICE GRANTS ACT, 1944, PROVIDES FOR YOUR RE-ESTABLISHMENT CREDIT IN THE AMOUNT SHOWN IN SUB TOTAL OF A & B. THIS CREDIT IS AVAILABLE TO YOU IN CERTAIN CIRCUMSTANCES. INQUIRY IN THIS CONNECTION SHOULD BE DIRECTED TO THE DEPARTMENT OF VETERANS' AFFAIRS.

SEE REVERSE SIDE FOR EXPLANATION OF ITEMS A, B & C

G. MONTHLY INSTALMENT NOT TO EXCEED DAILY RATE OF PAY AND ALLOWANCES \$ X30 \$

INSTALM. PAYABLE	1	2	3	4	5	6	7	8	9
AMOUNT	<b>677.57</b>								
CHEQUE No.	<b>111840</b>								
DATE	<b>10/3/45</b>								

INSTALM. PAYABLE	10	11	12	13	14	15	16	17	18
AMOUNT									
CHEQUE No.									
DATE									

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

TREASURY  
PREPARED BY **SJD** CHECKED BY **[Signature]** DATE **4/3/45**

SERVICE REPRESENTATIVE  
**[Signature]**  
Dir. of Naval Pay Acctg



5320

PARTICULARS OF DEAD OR MISSING PERSONNEL  
WITH REGARD TO PAYMENT OF WAR SERVICE GRATUITY

Name of Deceased Member James Ernest SILK Rank or Rating A/Ldg. SMN. O.No. V-19493.

1. Dependents' Allowance and Assigned Pay in force at date of death:  
D.A. \$63.12  
A.P. \$41.00  
D.A. \_\_\_\_\_  
A.P. \_\_\_\_\_  
Mrs. Inez Edna Silk (wife)  
~~3476 Stamford Court~~  
~~Windsor, Ont.~~  
442 JOSEPHINE AVE.,  
WINDSOR, ONT.

2. Pension awarded or being awarded to: No record of pension.

3. War Service Gratuity Application(s) received from: Mrs. Inez E. Silk (wife)  
442 Josephine Ave,  
Windsor, Ont.

In accordance with the War Service Grants Act, 1944 (Part I, Clause 4) and Directive dated 16th December, 1944 issued under authority of the Minister of Veterans Affairs, application(s) for War Service Gratuity in respect of the service of the above named deceased member may be dealt with as follows:

(X) To be paid to: Mrs. Inez Edna Silk, (wife)  
442 Josephine Ave.,  
Windsor, Ont.  
In the proportion of: 1

to: \_\_\_\_\_ In the proportion of: 1

( ) To be referred to the Dependents' Allowance Board for decision as to dependency within the spirit and intent of the War Service Grants Act, 1944, observing this application(s) is classed under:

Group "B" (ii)  
Group "C" of the above mentioned Directive.

Date 10 Feb. 1945.

[Signature]  
for D.N.P.A. (G)  
W.S.P.



TOP D.N.P.A. "G"

W.S.G. Application No. 5320 ✓

FILE NO. NS V19493 ✓

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>SIXES</u>	<u>James Ernest</u>	<u>V19493</u>	<u>A/LDG Ssn.</u>
SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE

CAUSE OF DISCHARGE: DEAD ✓  
Application made by Widow in receipt of D.A. + A.P. ✓

	<u>TOTAL SERVICE</u>	730
Date of Active Service	<u>1 DEC '41</u> ✓	31
Date of Discharge	<u>25 OCT '44</u> ✓	31
Total No. of Days	<u>1060</u> ✓ <del>1069</del>	29
# Less non qualifying service	<u>          </u> ✓	71
		30
		31
		71
		70
		25
		1060 ✓
		<u>1057</u> ✓
		106 Total Days

	<u>OVERSEAS SERVICE</u>	
% Total No. of Days	<u>884</u> ✓	
# Less non qualifying service	<u>          </u> ✓	
		Total Days <u>884</u> ✓

Record of Service in other Forces (per Naval Records)

Branch of Service Nil ✓

Date of Active Service \_\_\_\_\_

Date of Discharge \_\_\_\_\_

# & % Overleaf \_\_\_\_\_

Computed By JW  
 Checked By JFA

DATE: FEB 6 1945

J.B. McGregor  
 for (H.B. Money)  
 Payr. Cmdr. R.C.N.R.  
 Director of Personnel Records

O.O. File



NON QUALIFYING SERVICE

Overseas

(#) Date	Reason	No. of Days	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
Total Days			=====

NUMBER OF DAYS TO BE ADDED TO SENIORITY (SEE SENIORITY REGULATIONS)

OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
SKREENA ✓	26 May 42	25 Oct 44	884 ✓

731
6
30
31
31
30
25
<b>884</b>

GRADE OF DISTRICT:

IN THE OFFICE OF THE DISTRICT OFFICER, DISTRICT OFFICE, DISTRICT OFFICE, DISTRICT OFFICE

COMMISSIONER OF DISTRICT  
DISTRICT OFFICE

DATE: \_\_\_\_\_



any Force  
Mark opposite Force in  
which you last served.)

DEPARTMENT OF NATIONAL DEFENCE

Application for War Service Gratuity  
(Canadian Armed Forces)

F.P. 88  
#H

A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

1. Surname on termination of service SILK (Print)

2. Christian Names JAMES ERNEST (Print)

3. Service No. V-19493 4. Paid rank or rating at date of termination of Service S/sea.

5. Address, in full, to which payments of gratuity are to be forwarded  
Mrs J. P. Silk HHR Josephine Ave  
Windsor Ont.

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
<u>NAVY</u>	<u>V-19493</u>	<u>S/sea</u>	<u>aug 11</u>	<u>Oct 25/44</u> <i>Died.</i>

NAVAL PERSONNEL  
RECORDS  
FEB - 1 1945 5320  
WAR SERVICE GRATUITY  
SECTION

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty? NO If so, state name of Force or Forces

8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)? NO If so, state the Force or Forces, with dates of commencement and termination of service.

*Widow*

Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity

Jan 24/45  
(Date)

Mrs Inez E. Silk  
(Signature of Applicant)

If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

widow

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz: Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.) Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General. Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.



# DEPENDENTS ALLOWANCE BOARD

## DECISION OF THE BOARD IN RESPECT OF THE APPLICATION FOR DEPENDENTS ALLOWANCE SUBMITTED BY—

Official No. V-19493 Rank or Rating Leading Seaman

SILK James Ernest  
(Surname) (Christian Name)

Military Unit .....

Air Force Establishment or Station .....

Naval Ship or Establishment .....

### DECISION OF THE BOARD

1. Casualty Dead Date Oct. 25-44 Authority Off. 1/c N.P. Records

Dependents' Allowance previously in pay for wife, 2 children ..... \$ 63.12

Assigned Pay ..... (Amount of 15 days' pay \$ 30.00) ..... \$ 41.00

2. Effective vacate previous award and pay for a period of

Six months to Mrs. Inez Edna Silk  
3606 Mulford Court,  
Windsor, Ont.

A. A sum equal to Dependents' Allowance ..... \$ 63.12  
and an assignment of 15 days' pay of rank ..... \$ 30.00  
Total ..... \$ 93.12

(ONLY A OR B TO BE FILLED IN)

OR

B. A sum equal to Pension Rates, which in this case are higher ..... \$ .....

3. At the expiration of this six months, if notification re Pension has not been received, pay at Pension Rates \$ 87.00 and continue until advice is received of Canadian Pension Commission's decision.
4. If and when Pension is granted, an amount equal to retroactive Pension only is to be recovered from the Canadian Pension Commission.
5. If a decision to grant Pension has been made before the allowance has been in effect for six months, the difference between the unpaid balance as provided in Paragraph 2 above and Pension for the same period is to be paid to the dependent in a lump sum.
6. In cases where the Pension Rates are less than \$3.00 greater than the D.A. and A.P. in pay, no change will be made until the end of the six months when the account will be adjusted.

Reviewer K. Beardsley

*[Handwritten signatures]*  
.....  
(Chairman)  
.....  
(Member)  
.....  
(Member)

Date Nov. 24-44

*[Handwritten notes]*  
Noted D.N.P.A.  
85-12-44  
\$10.



8th November

00325

V-1947

68

Mrs Silk,

Please accept my sincere sympathy and condolence in the loss of your very gallant husband James.

On the nights of the 24th and 25th October, 1944, H.M.C.S. "SKEENA" stranded on the rocks during a very severe gale. Your husband was one of those who lost his life while trying to get ashore from the ship and thus permit the remainder of his shipmates to leave the ship in safety. The example of heroism and sacrifice he gave is an inspiration to carry on to the end - and may it be so to you also.

During recent months it has been my privilege to have your husband serving under my command in several actions with the enemy forces. He has been a great credit to you, himself and his country.

James was interred in a military cemetery with full military honours by his shipmates and friends from other ships of his Flotilla. Photographs of the procession and service will be sent to you as soon as they are ready.

A parcel containing some personal effects will be sent to you separately.

I should also like you to know that those of us in "SKEENA" and the other Canadian ships of our Flotilla will send a contribution to financially assist you. There is so very little we can do to help you in your great loss, but this we hope you will accept as a token in honour of your husband.

Yours sincerely,

CHECKED IN  
RAR

.....  
(P.F.X. RUSSELL).  
A/LIEUT. COMMANDER (A/S) R.C.N.

Mrs I. SILK,  
3606 Mulford Court,  
Windsor, Ontario.



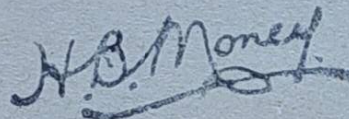
OTTAWA, Ont., 3 February, 5.

N.S. V-19493 PERS. (N)

Dear Mrs. Silk:

With reference to your letter of the 21st of January, 1945, photographs of the funeral of ratings lost from H.M.C.S. "SKEENA", have been requested from the Canadian Naval Authorities overseas, and as soon as these photographs are available a set will be forwarded to you.

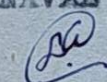
Yours sincerely,



for SECRETARY, NAVAL BOARD.

Mrs. H. Silk,  
895 Felix Ave.,  
Windsor, Ont.

824





795 Felicit Ave: Windsor  
Ont: Canada  
Jan: 21<sup>st</sup> 45-

016952

81

Lo Mr: H. B. Moore.

For Secretary Naval Board  
Dear Sir

Jan. 1949

Please forgive the Liberty  
I'm taking in writing  
I see, but I would ask  
your permission for to  
get the films of these  
pictures that was sent  
to my daughter in law  
of my son's grave in  
Iceland. I should so  
like to have them. He  
was my youngest son  
and of fine. My husband  
who was a war veteran  
of the last war who  
has recently passed  
away. I hope I'm not



asking too much. they  
are real good, clear pictures  
but they are not mine.  
could you please oblige  
I don't ask for the pictures  
just send the films, if  
you don't mind, I will  
be able to get them finished  
his name & number is  
Spec James E. Silk

no: V19493

file no: N.S. V-19493 Pers. (A.)

please oblige  
a concerned mother  
Mrs H Silk

895 Selby Ave:  
Windsor Ont:

Canada

NAVAL PERSONNEL RECORDS
JAN 26 1945 4720
WAR SERVICE GRATUITY SECTION



02184

File No. .... N.S. Y-19493 ..... PERS. (N)

DEPARTMENT OF NATIONAL DEFENCE  
- Naval Service -

WAR MEMORIAL CROSS



75

Issued to:-

Wife:-

Mother:-

Mrs. Rose Silk,  
895 Felix Ave.,  
WINDSOR, Ont.

P.A.'S CHECKED IN

C.R. BY

Date forwarded:-

DEC 20 1944

Registered Mail No.:-

0-5225



021847

N.S. V-19493 Pers. (N)  
File No. ....

74

DEPARTMENT OF NATIONAL DEFENCE  
- Naval Service -

WAR MEMORIAL CROSS



Issued to:-

Wife:-

Mother:-

Mrs. Inez Edna Silk,  
3606 Mulford Court,  
WINDSOR, Ont.

ALL CHECKED IN  
C.R. BY *R*

Date forwarded:- DEC 20 1944

Registered Mail No:- 0-5221



LA/CM

73

N.S. V-19493. PERS.(N)

Policy No. G6704563 etc.

30 December, 1944.

Sir:

With reference to your letter of the 21st of December, 1944, attached hereto, for your information, is a certificate respecting the death of James Ernest Silk, Leading Seaman, Official Number V-19493, Royal Canadian Naval Volunteer Reserve,

The death of this rating was due to drowning when the ship in which he was serving was damaged due to severe weather conditions near Reykjavik Harbour, Iceland.

It would be appreciated, for security reasons, if this information might be treated as confidential.

Yours truly,

Deputy SECRETARY, NAVAL BOARD.

Encls.

Manager,  
Ordinary Claim Department,  
Prudential Insurance Co.,  
NEWARK, New Jersey.

*Handwritten initials and marks:*  
CWA  
[Blue ink scribble]  
[Blue ink scribble]

*Notes for D.N.I.*

Despatched by  
Sec. N. B.

*Handwritten initials:* D.L.G.  
Date 2/11/45  
Time 1200  
1 encl.



PM

50

OTTAWA, Ont., 9th November 4.

N.S. V-19493, Pers. (N)

Dear Sir:

The undermentioned Canadian Naval Casualty is forwarded to you for transmission to the Inspector of Income Tax concerned:

Name..... SILK, James Ernest  
(Surname) (Christian Names)

Rank/Rating ..... Leading Seaman

Official No..... V-19493, R.C.N.V.R.

Nature of Casualty ..... Drowned due to severe weather conditions.  
His body was recovered and identified near Reykjavik Harbour, Iceland.

Date of Casualty ..... 25th Oct./44

Address at time of Enlistment ..... 932 Bridge Avenue,  
WINDSOR, Ontario

Marital Status at time of Enlistment..... Married

Occupation..... Furnace Operator - Ford Motor Co.

Name & Address of Next of Kin ..... WIFE: Mrs. Inez Edna Silk,  
3606 Mulford Court, WINDSOR, Ont.

Yours truly,

*H.B. Money*

for SECRETARY, NAVAL BOARD.

*BH 9/12/44  
DPR/S  
PM*

The Deputy Minister (Taxation),  
Department of National Revenue,  
Ottawa, Ont.

Royal ✓ Canadian ✓  
Message Condolence  
Date Sent 9/11/44 NPR 5

*Noted 13-11-44*



OTTAWA, Ont., 9th November, 4.

Sir:

In accordance with Naval Order No. 839, it is notified for your information that the following casualty in the Naval Forces of Canada has been reported:

<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE &amp; CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
SILK, James Ernest Leading Seaman, V-19493, R.C.N.V.R.	Drowned on Oct. 25/44, due to severe weather conditions. His body was recovered and identified near Reykjavik Harbour, Iceland.	WIFE: Mrs. Inez Edna Silk, 3606 Mulford Court, WINDSOR, Ont.

In Favor OfALLOTMENTS IN FORCE

Mrs Inez Edna Silk,  
3606 Mulford Court,  
Windsor, Ont.

Wife.

AmountInitials

D.A. 63.12

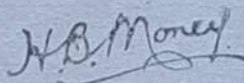
:LV

A.P. 41.00

104.12

WILL: No Record.

Yours truly,



for

SECRETARY, NAVAL BOARD.

Administrator of Estates,  
Estates Branch,  
Department of National Defence,  
O T T A W A.



SILK, JAMES ERNEST

V-19493

CHIEF TREASURY OFFICER  
DÉLÉGUÉ EN CHEF DU TRÉSOR

DEPENDENTS' ALLOWANCE AND ASSIGNED PAY, OTTAWA, ONT.  
ALLOCATION AUX PERSONNES À CHARGE ET DÉLÉGATION DE SOLDE OTTAWA, ONT.

MRS. INEZ E. SILK, 1120689

39

I, } MRS INEZ E. SILK  
Je, } (Print your name in full) — (Nom et prénom en lettres moulées)

{ AM RECEIVING CHEQUES ON ACC  
{ REÇOIS DES CHEQUES POUR LE COMP.

LEADING SEAMAN JAMES E. SILK  
(Print rank and name of member of forces in full) — (Rang et nom du membre des forces, en lettres moulées)

{ OFFICIAL NUMBER  
{ NUMÉRO MATRICULE

V19493

KINDLY CHANGE MY ADDRESS FOR FUTURE DELIVERY OF CHEQUES  
PRIÈRE DE CHANGER MON ADRESSE POUR L'ENVOI FUTUR DE CHÈQUES

FROM (OLD ADDRESS)—ANCIENNE ADRESSE:

Street } 3476 Mulford Court  
Rue }  
City } Windsor  
Ville }  
Province } Ontario

TO (NEW ADDRESS)—NOUVELLE ADRESSE:

Street } 3606 Mulford Court  
Rue }  
City } Windsor  
Ville }  
Province } Ontario

PLEASE READ INSTRUCTIONS ON REVERSE SIDE  
PRIÈRE DE LIRE INSTRUCTIONS AU VERSO

Noted in  
Records by 1/23/44 1944  
(Date)

Inez E. Silk  
(Signature)







P174856

DEC -4 1941  
NS 1138-1760  
Number.....

ORIGINAL

# APPLICATION FOR PAYMENT OF MARRIAGE ALLOWANCE

List and Number in Ledger	NAME	Rank or Rating	Official No.	Daily Rate of Pay
	Surname..... SILK	Ord. Smn.	V-19493	\$1.25 M.A. 1.00
	Christian Names..... JAMES ERNEST			

NAME OF WIFE OR GUARDIAN	ADDRESS
Surname..... SILK Christian Names..... INEZ EDNA	632 Wellington Avenue, Windsor, Ontario. <i>Noted in Service Records by AE.</i>

CHILD OR CHILDREN			
Name	Sex	Date of Birth	Attains majority
(1) Gloria Jean SILK	Female	14th August, 1940	14th August, 1957
(2) .....	.....	.....	.....
(3) .....	.....	.....	.....
(4) .....	.....	.....	.....

**M.A. APPLICATIONS**  
 Ent'd in Birth Record Ledger  
 Ent'd on M/A Card  
 Ent'd in Allotment Ledger

ENTERED IN PAY LEDGERS  
 H. M. C. S. "BYTOWN"  
 FAIR *Boose*  
 ROUGH *[Signature]*

I do hereby solemnly declare that the above particulars are correct.

Signed in the presence of:

*Mr Hatch Pay S/LDR.*

Signature *James E. Silk*

Rank or Rating Ord. Smn. R. C. N. V. R.

Marriage Allowance in force per diem..... Marriage Date: 14th September, 1939

Marriage Allowance claimed per diem..... 1.00 p.p.

Claim has been supported with the necessary documentary evidence and the above amount has been approved for payment.

*[Signature]*  
A/Lt.-Commander, R. C. N. V. R. Commanding Officer.

This amount per day has been credited from *1st December* 19 *41*

at List..... No..... Ledger ending *1st January* 19.....

Allotment of \$..... 50.00 p.p. in force from the month of December 1941 in accordance with regulations.

*[Signature]*  
Pay-Lieut. Commander - R. C. N. V. R.  
Accountant Officer.

THE NAVAL SECRETARY,  
Department of National Defence,  
Ottawa.

H. M. C. S.

Forwarded.....



27

MEMORANDUM

TO: Allots. (N)

Will you please have the questionnaire below completed and returned to this office. This information is required in connection with increased rates of Marriage Allowance in respect to children in excess of two in the case of Officers and in excess of four in the case of ratings.

RR

for S.N.P.A.

Date... 17/3/43

1. Name and address of wife or guardian.

*Mrs Inez Edna Silk.  
3476 Mulford Court, Windsor, Ont.*

2. Amount of allotment in force to wife or guardian. *\$71.00*

3. Rate of Marriage Allowance in force. *\$1.55 1/4/42.*

4. Names of children and dates of birth as per Allots. (N) records.

(1) *Gloria Jean 14<sup>th</sup> Aug. 1940*

(2) *Isobel Nancy 9 Feb. 1943*

(3)

(4)

84

*[Signature]*  
for Allots. (N)

Date... 19/3/43.....



COPY

CERTIFICATE of the SERVICE of

*James Ernest Silk.*

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters <i>Halifax, N.S.</i>	R.C.N.V.R. Division <i>Windsor</i>	Official Number <i>V-19493</i>
		"
		"

Date of Birth *10 April, 1920.*

Place of Birth *Windsor, Essex, Ontario.*

Place of Residence *3606 Mulford Court.*

Trade brought up to *Furnace operator.*

Religion *Anglican.*

Can Swim:—P.P.T. Date *(Fair) 6 February 1942* Signature \_\_\_\_\_ Rank \_\_\_\_\_

P.S.T. Date \_\_\_\_\_ 19 \_\_\_\_\_ Signature \_\_\_\_\_ Rank \_\_\_\_\_

Name and Address of Nearest Relative or Friend (in pencil)  
*Ernest Edna Silk.  
Wife (same address)*

PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
<i>8 Aug. 1941.</i>	<i>13 Aug. 1941.</i>	<i>Hostil.</i>	<i>Ord. Smn.</i>			

COPY

PERSONAL DESCRIPTION								
	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	<i>6</i>	<i>1</i>	<i>31½</i>	<i>175</i>	<i>Blond</i>	<i>Blue</i>	<i>fair</i>	<i>Scar on rt. heel.</i>
On re-enrolment—6 years' Service								
On re-enrolment—12 years' Service								
Further Description if necessary								

TRANSFER BETWEEN DIVISIONS			TRANSFER—LISTS A AND B		
From	To	Date	List	Date	Authority



# NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER		RATING	FROM	TO	CAUSE OF DISCHARGE
		List	No.				
1941.	Hms. "Hunter"			Divisional Strength Ord. Smn. 13 Aug.	13 Aug.	30 Nov.	
1941.	Hms. "Hunter"			Active Service	1 Dec.	26 Jan. 42	
1942.	Stabarae			Ord. Smn.	27 Jan. 42	25 May 42	
	Avalon (SKEENA)			26 MAY '42 A.B.	1 Dec. '42	30 Nov. '42 30 June '43	
	Avalon (SKEENA)			A/H.S.M.N.	1 July '43	31 Mch. '44	
	Wroble (— " —)			— " —	1 Apr. '44	30 June '44	
	<del>Wroble</del>			L/S.M.N.	1 July '44	24 Oct. '44	D. D.
					26 Oct. '44		Discharged Dead to date 24 October, 1944.
					Authority: C.N.M.O.'s signal 281159A of October, 1944 Wroble's A/S # 28189		

Wounds Received in Action, Hurt Certificates, Meritorious Service, Special Recommendations, Prizes or other Grants

Date	Details	Captain's Signature
4 May 42	Issued Travelling Wt. # 20629	Oct. 1953 of 4 May 42











S. 446

60M-1-41 (8959)

N.S. 815-0-448

Official No. V-19493

## MEDICAL HISTORY SHEET FOR MEN IN NAVAL SERVICE OF CANADA

When entered 13th August, 1941.

When entered Windsor Division RCNVR

Date of Birth 10th April, 1920.

Age at entry 21 years, 4 months

NAME

Where Born Windsor, Essex, Ontario.

James Ernest SILK

Previous Occupation Furnace Operator

RATING	SHIP'S NAME	No. on Ship's Books	Date of Admission on Sick List	Date of Discharge from Sick List	No. of Days Sick	DISEASE OR HURT	HOW DISPOSED OF	Surgeon of Ship's Initials	No. of Days in Hospital	If invalided, where and when?	Medical Officer of Hospital's Initials
Ord. Smm	Windsor Div RCNVR		13th Aug/41	Medically examined and X-rayed for entry.							
						Smallpox vaccination - Dec '41					
						T.A.B.T. vaccine - ① Dec. 1/41					
						② Dec. 19/41					
						③ Jan. 17/42					
						Diphtheria toxoid ① Dec 6/41					
						② Jan 7/42					
						Jun 28/42					
O'Sea	Stadacona										
O/sea	"Skeena"		12-2-43	12-2-43		Follicular Tonsillitis	R.C.N.H.				
O/sea	R.C.N.H. (Neijfax)		12-2-43	19-2-43		Follicular Tonsillitis	Duty.		8.		
	Skeena		24/4/43			T.A.B.T. vaccine					
	H.M.C.S. "SKEENA"		10/2/43			Routine chest x-ray - neg					

X-RAY SURVEY  
SATISFACTORY

X-ray No. 1449 --Neg. Approved.

Windsor August 12<sup>TH</sup> 1941

A.E. Trotter, Surg. Lieut.